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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/718,203
Filing Date	11/20/2003
First Named Inventor	Richard E. Rudin, et al.
Art Unit	
Examiner Name	Leslie Wond
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	YOKIT, INC.
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Address	P.O.Box. 044578
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City	Racine	State	Wisconsin	Zip	53404-7012
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Country	USA
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Telephone	262-639-4288	Email	DKotecha@Yokitinc.com
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
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Name	Dillip D. Kotecha, President & CEO, Yokit, Inc.		
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Date	February 8, 2007	Telephone	262-639-4288
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.

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